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<b>TRANSMITTAL FORM</b> (to be used for all correspondence during pendency of filed application)	Application Number	09/770,702	
	Filing Date	January 26, 2001	
	First Named Inventor	Donald R. Turnbull	
	Group Art Unit Number	2162	
	Examiner Name	Chongshan Chen	
Total Number of Pages in This Submission	18	Attorney Docket Number	24207-08969/US


ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input checked="" type="checkbox"/> Amendment/Response: [ 13 ] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): [ ] Sheet(s) of Figure(s) [ ] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	42,120	Dated:	October 6, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	Robert R. Sachs	Dated:	October 6, 2005
Express Mail Mailing Number (optional):			

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<b>METHOD OF PAYMENT</b> (check all that apply)						<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																															
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">19-2555</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Fenwick &amp; West LLP</span>						<b>3. 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EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Total Claims</td> <td style="width: 10%;"><div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div></td> <td style="width: 10%; text-align: center;">-20**=</td> <td style="width: 10%;"><div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div></td> <td style="width: 5%; text-align: center;">X</td> <td style="width: 10%;"><div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div></td> <td style="width: 5%; text-align: center;">=</td> <td style="width: 10%;"><div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div></td> </tr> <tr> <td>Independent Claims</td> <td><div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div></td> <td style="text-align: center;">-3** =</td> <td><div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div></td> <td style="text-align: center;">X</td> <td><div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div></td> <td style="text-align: center;">=</td> <td><div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">=</td> <td><div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div></td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Large Entity</th> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th></th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: right;">Fee (\$)</th> <th></th> <th></th> </tr> <tr><td>1202</td><td style="text-align: right;">50</td><td>2202</td><td style="text-align: right;">25</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td style="text-align: right;">200</td><td>2201</td><td style="text-align: right;">100</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td style="text-align: right;">360</td><td>2203</td><td style="text-align: right;">180</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td style="text-align: right;">200</td><td>2204</td><td style="text-align: right;">100</td><td>**Reissue independent claims over original patent</td><td></td></tr> </table>						Total Claims	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	-20**=	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	X	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	=	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Independent Claims	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	-3** =	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	X	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	=	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Multiple Dependent						=	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	Large Entity		Small Entity		Fee Description		Fee Code	Fee (\$)	Fee Code	Fee (\$)			1202	50	2202	25	Claims in excess of 20		1201	200	2201	100	Independent claims in excess of 3		1203	360	2203	180	Multiple dependent claim, if not paid		1204	200	2204	100	**Reissue independent claims over original patent																																																																			
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<b>SUBMITTED BY</b>				Complete (if applicable)	
Name (Print/Type)	Robert R. Sachs	Registration No. (Attorney/Agent)	42,120	Telephone: 415-875-2410	
Signature				Date	October 6, 2005